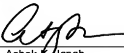


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Parkhe et al.	Art Unit: 1763
Application No: 10/786,876	Examiner: Moore, Karla A.
Confirmation No: 1903	Attorney Docket No: 008850 USA/MDP/COPPER/SC
Filed: February 24, 2004	July 14, 2009
Title: COATING FOR REDUCING CONTAMINATION OF SUBSTRATES DURING PROCESSING	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136	
Via EFS	Extension (Months)	Extension Fee
<input checked="" type="checkbox"/> Response to Final Office Action		Large Entity Small Entity
<input type="checkbox"/> Drawing	<input type="checkbox"/> One Month	\$130.00 \$65.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Two Months	\$490.00 \$245.00
<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Three Months	\$1,110.00 \$555.00
<input type="checkbox"/> Citations	Total \$ 0.00	
<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
<input type="checkbox"/> (2) Postcards for Return		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	13	57	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	12	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$0.00</u> . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, via facsimile transmission to (571) 273-8300, or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>July 14, 2009</u> Melanie Hitchcock		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, By: <u></u> Date: <u>July 14, 2009</u> Ashok K. Janah Registration No. 37,487	